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Bib Data Sheet

CONFIRMATION NO. 5197

<b>SERIAL NUMBER</b> 09/713,962	<b>FILING DATE</b> 11/15/2000 <b>RULE</b>	<b>CLASS</b> <del>707</del> 705	<b>GROUP ART UNIT</b> <del>2171</del> 3627	<b>ATTORNEY DOCKET NO.</b> 04239.P002
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**APPLICANTS**  
Alain T. Rappaport, San Mateo, CA;  
Eliot Weitz, San Francisco, CA;

**\*\* CONTINUING DATA \*\*** *yes V.F.*  
THIS APPLN CLAIMS BENEFIT OF 60/166,643 11/19/1999

**\*\* FOREIGN APPLICATIONS \*\*** *yes V.F.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 02/20/2001**      **\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Handel Frenel V.F.</i> Examiner's Signature      Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 5
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**ADDRESS**  
Thien T Nguyen  
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Los Angeles, CA 90025

**TITLE**  
Method, apparatus and system for communicating healthcare information to and from a portable, hand-held device

<b>FILING FEE RECEIVED</b> 509	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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